

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90168 005 ***150.00

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1. Entity Name
EDITORIAL OCEANO INC.

Principal Place of Business
**10540 N.W. 26 ST.
STE. G-105
MIAMI FL 33172**

Mailing Address
**10540 N.W. 26 ST.
STE. G-105
MIAMI FL 33172**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **02-9549935**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST. LOWER LEVEL
TALLAHASSEE FL 32301**

Name
Yuri Chavez
Street Address (P.O. Box Number is Not Acceptable)
10540 NW 26 Street Suite G-105
City **Miami** FL Zip Code **33172**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	Jose L. Monreal	Milanesat 21-23	Barcelona, Spain				
V/P	Jorge L. Rovira	Milanesat 21-23	Barcelona, Spain				
V/P/T	Miguel D. Ledesma	Milanesat 21-23	Barcelona, Spain				
S	Yuri P. Chavez	11328 NW 46 Lane	Miami, FL 33178				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)